



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
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June 23, 2010

Russell McCoy, Administrator  
Church Hill Downs  
415 South Arthur  
Pocatello, Idaho 83204

RE: Church Hill Downs, Provider #13G043

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Church Hill Downs, on June 17, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Russell McCoy, Administrator  
June 23, 2010  
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within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 6, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,



TAYLOR BARKLEY  
Health Facility Surveyor  
Fire Life Safety & Construction Program

TB/lj

Enclosure

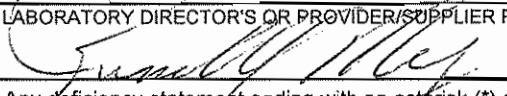
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2010</b>
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NAME OF PROVIDER OR SUPPLIER <b>CHURCH HILL DOWNS GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1722 CHURCH HILL DOWNS POCATELLO, ID 83201</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>This facility is single story, type V (000) construction. It is fully sprinkled with quick response heads and is equipped with a fire alarm/smoke detection system. The facility was built/completed in 1991. The facility is currently licensed for eight (8) ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 17, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, adopted 11 March, 2003. In accordance with 42 CFR 483.470.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p><b>RECEIVED</b></p> <p><b>JUL 06 2010</b></p> <p><b>FACILITY STANDARDS</b></p>	
K0152	<p><b>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</b></p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p>	K0152	<p>Evacuation drills will be completed at least quarterly for each shift of personnel and under varied conditions. This will be assigned by the Residential Program Director and reviewed at monthly staff meetings to insure compliance. Additionally, completion will be monitored on a summary collection sheet by the Executive Director to ensure compliance. This procedure will be implemented across all homes operated by South Park, Inc.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Executive Director</b>	(X6) DATE <b>06/30/10</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER <b>CHURCH HILL DOWNS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1722 CHURCH HILL DOWNS POCATELLO, ID 83201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0152	<p>Continued From page 1</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities:</p> <p>(iii) File a report and evaluation on each drill:</p> <p>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and</p> <p>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to hold evacuation drills at least quarterly on each shift. The facility had a census of eight clients on the day of the survey.</p> <p>Findings include:</p> <p>During record review on June 16, 2010 at 1:25 PM, revealed that the facility did not have any documentation for having held a third shift drill during the fourth quarter during the the previous twelve months. Findings were witnessed and noted by Surveyor and the facility Administrator Designee. This deficiency affected all clients and all staff present on the day of the survey.</p>	K0152	<p>Persons Responsible: Jamie Anthony, Residential Program Director and Russell McCoy, Executive Director.</p> <p>Completed June 30, 2010.</p>	

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>This facility is single story, type V (000) construction. It is fully sprinkled with quick response heads and is equipped with a fire alarm/smoke detection system. The facility was built/completed in 1991. The facility is currently licensed for eight (8) ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 17, 2010. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, "Lodging and Rooming Houses" contained in Chapter 11, "Lodging and Rooming House Occupancies" and applicable provisions of Chapters 01 through 07, Chapter 17 and Appendices A and B of the Life Safety Code, Impractical Evacuation Capability in accordance with IDAPA 16.03.11.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000	<p><b>RECEIVED</b></p> <p><b>JUL 06 2010</b></p> <p><b>FACILITY STANDARDS</b></p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to federal deficiencies listed on the CMS 2567 form.</p> <p>1. K152 Fire Drills</p>	MM309	<p>Evacuation drills will be completed at least quarterly for each shift of personnel and under varied conditions. This will be assigned by the Residential Program Director and reviewed at monthly staff meetings to insure compliance. Additionally, completion will be monitored on a summary collection sheet by the Executive Director to ensure compliance.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

QDCF21

If continuation sheet 1 of 2

Bureau of Facility Standards

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			<p><b>This procedure will be implemented across all homes operated by South Park, Inc.</b></p> <p><b>Persons Responsible: Jamie Anthony, Residential Program Director and Russell McCoy, Executive Director.</b></p> <p><b>Completed June 30, 2010.</b></p>	